

Mod. 5 Abdominal Emergencies

1. **Which of the following structures is technically not located in the abdominal cavity?**
 - a. Kidneys
 - b. Liver
 - c. Spleen
 - d. Stomach
2. **Which abdominal quadrant contains the appendix?**
 - a. Left lower
 - b. Right upper
 - c. Right lower
 - d. Left upper
3. **Pain that originates in an organ, such as the intestines, is called _____ pain.**
 - a. visceral
 - b. referred
 - c. acute
 - d. parietal
4. **Which of the following is true concerning parietal pain?**
 - a. It is often described as "crampy" or "colicky."
 - b. It arises from solid organs.
 - c. It is usually intermittent in nature.
 - d. It is generally localized to a particular area.
5. **Which of the following is NOT a cause of parietal pain?**
 - a. Muscle spasm
 - b. Bleeding into the abdominal cavity
 - c. Inflammation
 - d. Infection
6. **With the exception of the _____, most abdominal organs are not able to sense tearing sensations.**
 - a. aorta
 - b. ovaries
 - c. liver
 - d. colon
7. **Which of the following is a characteristic of referred pain?**
 - a. It is only felt in hollow organs.
 - b. It is felt in a location other than the organ causing it.
 - c. It is caused by psychological stress.
 - d. It is usually described as "crampy" or "colicky."
8. **Pain felt in the epigastric region of the abdomen is of concern because of the possibility of which of the following?**
 - a. Influenza
 - b. Extreme diarrhea with dehydration
 - c. Myocardial infarction
 - d. All of the above
9. **Which of the following is the main focus of the EMT's assessment and history taking of the patient with abdominal pain?**
 - a. Determining the possible need for immediate surgery
 - b. Determining if the patient meets criteria to refuse treatment and transport
 - c. Determining the cause of the pain
 - d. Determining the presence of shock

Mod. 5 Abdominal Emergencies

10. **Most organs of the abdomen are enclosed within the:**
 - a. extraperitoneal.
 - b. peritoneum.
 - c. retroperitoneal.
 - d. midline.
11. **Which of the following questions may help the EMT assess a patient with abdominal pain?**
 - a. Do you have any allergies to foods or medicines?
 - b. Do you have any medical problems, such as diabetes or heart problems?
 - c. What medications are you taking?
 - d. All of the above
12. **Which of the following questions is inappropriate when taking the history of a female patient with abdominal pain?**
 - a. Are you having vaginal bleeding or discharge now?
 - b. What is your sexual orientation?
 - c. Have you had sexual intercourse since your last menstrual period?
 - d. All of the above
13. **Which of the following is NOT true concerning abdominal pain in geriatric patients?**
 - a. The elderly person may not be able to give a specific description of the pain.
 - b. The elderly have a decreased ability to perceive pain.
 - c. Medications may mask signs of shock associated with an abdominal complaint.
 - d. The causes of abdominal pain in the elderly are rarely serious.
14. **The detection of a pulsating mass upon palpation of a patient's abdomen should make the EMT suspicious that the patient may be suffering from which of the following?**
 - a. A hernia
 - b. An ulcer
 - c. Gastroenteritis
 - d. An abdominal aortic aneurysm
15. **Your patient is a 35-year-old female with abdominal pain. Which of the following findings CANNOT be attributed to the patient experiencing pain?**
 - a. Slight increase in blood pressure
 - b. Shallow respirations
 - c. Increased heart rate
 - d. Decreased level of consciousness
16. **Which of the following is a concern when caring for the patient with abdominal pain?**
 - a. Shock
 - b. Patient comfort
 - c. Airway management
 - d. All of the above
17. **Which of the following is NOT a cause of abdominal pain?**
 - a. Stroke
 - b. Food poisoning
 - c. Heart attack
 - d. Diabetes

Mod. 5 Abdominal Emergencies

18. **Your patient is a 40-year-old female who has been experiencing abdominal pain and vomiting for 2 days. She is now responsive to verbal stimulus; has cool, dry skin; a heart rate of 116; respirations of 24; and a blood pressure of 100/70. Which of the following is the BEST position for transporting this patient?**
- Supine with the knees bent
 - Left lateral recumbent with the legs bent
 - Sitting up at a 90-degree angle
 - Sitting up at a 45-degree angle
19. **Your patient is a 34-year-old male complaining of pain "in his right side." He is pale and diaphoretic with a heart rate of 90 beats per minute, a respiratory rate of 28 breaths per minute, and a blood pressure of 132/80 mmHg. The patient is very agitated and anxious. Which approach is most appropriate?**
- Try to determine the cause of his pain.
 - Tell the patient that you cannot transport him unless he calms down and lies still.
 - Insert an oropharyngeal airway.
 - Reassure him that you will make him as comfortable as possible and get him to the hospital for additional care.
20. **Your patient is a 17-year-old with a history of asthma. She is complaining of pain in her lower abdomen. Assessment reveals that her breath sounds are clear and equal, she has a respiratory rate of 28 breaths per minute, a heart rate of 96 beats per minute, and a blood pressure of 112/74 mmHg. Which of the following is the most appropriate next step?**
- Provide high-concentration oxygen.
 - Assist the patient in the administration of her metered-dose inhaler.
 - Have the patient breathe into a paper bag to rebreathe some of her carbon dioxide.
 - All of the above
21. **When the gallbladder is diseased, the pain is not only felt in the RUQ but also in the right shoulder, this is known as:**
- parietal pain.
 - visceral pain.
 - referred pain.
 - tearing pain.
22. **You are called to a 25-year-old male complaining of RLQ pain. His other symptoms are nausea and vomiting, fever, and decreasing pain in the umbilicus area. As an EMT, you feel this patient might have:**
- appendicitis.
 - pancreatitis.
 - cholecystitis.
 - peritonitis.
23. **You respond, along with fire department medical responders, to a 48-year-old female having a syncope episode in the bathroom. You find the patient sitting on the commode vomiting into the trashcan. The vomitus appears to look like coffee grounds and has a foul smell. The patient is pale and has been weak for the past few days. She has:**
- peritonitis.
 - abdominal aortic aneurysm.
 - hernia.
 - GI bleeding.

Mod. 5 Abdominal Emergencies

24. You respond to an abdominal pain call. Your partner suspects that the patient is having an abdominal aortic aneurysm (AAA). What type of pain is the patient most likely experiencing?
- Parietal
 - Visceral
 - Referred
 - Tearing
25. You are called to the scene of a 16-year-old female patient complaining of severe lower quadrant abdominal pain. The patient states she is sexually active. Upon palpation, you observe rebound tenderness in the right lower quadrant. You suspect:
- appendicitis.
 - ectopic pregnancy.
 - cholecystitis.
 - renal colic.
26. You are called to the scene of a patient with abdominal pain. Upon arrival, you find a 38-year-old Asian man on the floor next to his desk writhing in pain. He is complaining of severe right-sided flank pain. His blood pressure is 140/90, pulse 100, and his skin is ashen and diaphoretic. You suspect:
- cholecystitis.
 - Mittelschmerz.
 - renal colic.
 - myocardial infarction.
27. Which patient is experiencing visceral pain?
- A 24-year-old male complaining of severe left flank pain
 - A 19-year-old female complaining of severe cramps in the lower abdominal quadrants
 - A 45-year-old female complaining of abdominal pain "all over"
 - A 28-year-old male with rebound tenderness
28. You respond to a 75-year-old female who is complaining of epigastric pain that feels like heartburn. The pain radiates to the right shoulder. Her vital signs are stable and she has a previous history of a myocardial infarction. She has prescription nitroglycerin tablets. She is most likely suffering from:
- cholecystitis.
 - myocardial infarction.
 - Mittelschmerz.
 - renal colic.
29. You respond to a 75-year-old female who is complaining of epigastric pain that feels like heartburn and radiates to the right shoulder. Her vital signs are stable and she has a previous history of a myocardial infarction. She has prescription nitroglycerine tablets. An ALS unit is en route. After performing a physical examination and applying oxygen by nasal cannula, you should:
- transport the patient in the Trendelenburg position for shock.
 - apply the AED and prepare for imminent cardiac arrest from a myocardial infarction.
 - contact medical control regarding the administration of the patient's nitroglycerin.
 - cancel the ALS unit: this is just gallstones and BLS can transport.
30. You are called to a nursing home for an 85-year-old patient complaining of abdominal pain. The patient has a history of dementia and cannot describe the pain to you. The nurse states the patient has been vomiting dark coffee ground emesis for about an hour. His blood pressure is 90/40, pulse 100, and respiratory rate of 24. Why should the EMT use an oxygen mask with caution?
- The oxygen will cause the patient to start vomiting again.
 - The patient may hyperventilate.
 - The patient may go unresponsive.
 - The patient cannot clear any additional emesis.

Mod. 5 Abdominal Emergencies

31. You are called to a nursing home for an 85-year-old patient complaining of abdominal pain. The patient has a history of dementia and cannot describe the pain to you. The nurse states the patient has been vomiting dark coffee ground emesis for about an hour. His blood pressure is 90/40, pulse 100, and respiratory rate of 24. Aside from the airway, what is your greatest concern?
- The patient will go into hypovolemic shock.
 - The patient will have a myocardial infarction.
 - The patient will have a stroke.
 - The patient will become combative.
32. You are called to a nursing home for an 85-year-old patient complaining of abdominal pain. The patient has a history of dementia and cannot describe the pain to you. The nurse states the patient has been vomiting dark coffee ground emesis for about an hour. His blood pressure is 90/40, pulse 100, and respiratory rate of 24. In what position should you transport the patient?
- Trendelenburg
 - Supine
 - Semi-Fowler's
 - Supine with knees bent
33. You respond to a 65-year-old patient complaining of abdominal pain. Your physical exam reveals a nonpulsating mass in the lower left quadrant. You suspect:
- aortic abdominal aneurysm.
 - appendicitis.
 - splenic rupture.
 - hernia.
34. You are examining a 24-year-old female patient with lower quadrant abdominal pain. What is the most lethal possibility?
- Pelvic inflammatory disease
 - Ectopic pregnancy
 - Cholecystitis
 - Mittelschmerz
35. You respond to the scene of a 50-year-old male complaining of severe abdominal pain. He has a history of alcohol and drug abuse. His vital signs are stable and he presents with epigastric pain that radiates to the back. He has guarding and point tenderness in the upper quadrants. You suspect:
- cholecystitis.
 - myocardial infarction.
 - gastroesophageal reflux disease (GERD).
 - pancreatitis.
36. You are called to a residence for a 48-year-old male patient. He is lying in bed and is incoherent. He is unable to follow commands. His blood pressure is 80/40, pulse 136, and respiratory rate of 36. His wife states that he had lower right abdominal pain for about two days and it progressively worsened. He said about an hour ago he had a sudden increase in pain and then became incoherent. The wife states the husband refused to see a doctor before, but she finally called 911. You suspect:
- appendicitis.
 - splenic rupture.
 - renal colic.
 - peritonitis.
37. You are treating a 38-year-old female patient with abdominal distress. The patient's vital signs are stable and you are getting ready to transport. What is the best position to transport the patient?
- Right lateral
 - Semi-Fowler's with knees bent
 - Trendelenburg
 - Left lateral

Mod. 5 Abdominal Emergenices

38. **You are responding to a 52-year-old male patient complaining of heartburn with epigastric pain. The patient's vital signs are stable and he does not have any pain upon palpation. He has a history of reflux disease and is on several medications for heartburn and acid reflux. What is your greatest concern with this patient?**
- a. He will aspirate on vomit.
 - b. He will develop peritonitis.
 - c. His appendix will rupture.
 - d. He is suffering from a myocardial infarction.

Mod. 5 Abdominal Emergencies

Test Name: Mod. 5 Abdominal Emergencies

1. a. Kidneys
2. c. Right lower
3. a. visceral
4. d. It is generally localized to a particular area.
5. a. Muscle spasm
6. a. aorta
7. b. It is felt in a location other than the organ causing it.
8. c. Myocardial infarction
9. d. Determining the presence of shock
10. b. peritoneum.
11. d. All of the above
12. b. What is your sexual orientation?
13. d. The causes of abdominal pain in the elderly are rarely serious.
14. d. An abdominal aortic aneurysm
15. d. Decreased level of consciousness
16. d. All of the above
17. a. Stroke
18. b. Left lateral recumbent with the legs bent
19. d. Reassure him that you will make him as comfortable as possible and get him to the hospital for additional care.
20. a. Provide high-concentration oxygen.
21. c. referred pain.
22. a. appendicitis.
23. d. GI bleeding.
24. d. Tearing
25. a. appendicitis.
26. c. renal colic.
27. c. A 45-year-old female complaining of abdominal pain "all over"
28. a. cholecystitis.
29. c. contact medical control regarding the administration of the patient's nitroglycerin.
30. d. The patient cannot clear any additional emesis.
31. a. The patient will go into hypovolemic shock.
32. c. Semi-Fowler's
33. d. hernia.
34. b. Ectopic pregnancy
35. d. pancreatitis.
36. d. peritonitis.
37. b. Semi-Fowler's with knees bent
38. d. He is suffering from a myocardial infarction.